

BEST AVAILABLE COPY

POSITION	CLASSIFIER	ID NO.	DATE
EXAMINER		407	8-7-97
TYPIST		42 4	10 6 11
VERIFIER		10 11	4 11 11
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

Final	Original	Claim
1	1	1
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3	3	3
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Claim		Date
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SYMBOLS

✓	Rejected
☐	Allowed
-	(Through numeral) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected